



# Example: Furniture & Reconfiguration Request

Space Planning and Logistics

OC

## Work Order Request Form

PLEASE PRINT OR TYPE

|                      |                   |                      |                   |
|----------------------|-------------------|----------------------|-------------------|
| Today's Date         | 6/14/00           | Date Required        | 7/14/00           |
| Name                 | Mary Cook         | Contact Name         | Mike Smith        |
| Phone & Pager Number | x45678 / 905-5678 | Phone & Pager Number | x46789 / 905-6789 |

  

|   |   |
|---|---|
| <input type="checkbox"/> <b>PERSONNEL MOVE</b> (manager approval required)<br><input type="checkbox"/> <b>PM</b> <input type="checkbox"/> <b>Contractor</b>   | <input type="checkbox"/> <b>NEW EMPLOYEE</b> start date<br><input type="checkbox"/> <b>PM</b> <input type="checkbox"/> <b>Contractor</b> end date |
| <b>CURRENT LOCATION</b><br>Department Name & Cost Center<br>ABC Department      Cost Center A23<br><br><b>FROM</b> Cubicle/Office (or jack number)<br>OAW3314 | <b>NEW LOCATION</b><br>Department Name & Cost Center<br><br><b>TO</b> Cubicle/Office (or jack number)   |

  

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|---|
| <input checked="" type="checkbox"/> <b>RECONFIGURATION OF AREA</b> (manager approval required)<br>Identify specific cubicle/office (or jack number) to be reconfigured. Include a brief description of what needs to be done and why.<br>Assumed additional responsibilities in ABC group and need more worksurface and file cabinets. Will inform John Martin (ABC Department Space Representative) of this request. |
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| <input checked="" type="checkbox"/> <b>ADDITIONAL FURNITURE REQUEST</b> (manager approval required)<br>Describe your needs:<br>Need 2 additional 4 drawer lateral file cabinets. |
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| <input type="checkbox"/> <b>NAME PLATE REQUEST</b> (manager approval <u>not</u> required)<br><br>First Name      Middle Initial      Last Name |
|--|

  

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|---|
| <input type="checkbox"/> <b>ART WORK / BOARDS</b> (manager approval <u>not</u> required)<br>Items to be hung: |
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| <input type="checkbox"/> <b>OTHER</b> (to include Space Request's from Departmental Space Representatives and furniture key requests)<br>Describe your needs: |
|---|

ALL SPACE REQUESTS REQUIRE MANAGER APPROVAL

John Doe, 6/19/00  
Department Manager's Approval Signature and Date

John Doe, Mgr. ABC group x47777  
Manager's Name Printed and Extension

Return via e-mail or fax to:  
Mike Cashion, ext. 44054  
Fax: 45814

Rev. 6/00

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